

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER [REDACTED]

FIRST AND MIDDLE NAME(S): JAMES W  
LAST NAME(S): MASON

COUNTY OF DEATH: KING  
DATE OF DEATH: MAY 13, 2018  
HOUR OF DEATH: 12:40 AM  
SEX: MALE AGE: 92 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED] 1925  
BIRTHPLACE: CUBA, IL

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF OF THE BOAT  
INDUSTRY: U S NAVY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: [REDACTED]  
RELATIONSHIP: DAUGHTER  
ADDRESS: [REDACTED], PORT ORCHARD, WA 98367

CAUSE OF DEATH:  
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE  
INTERVAL: DAYS  
B: BLUNT FORCE INJURIES OF HEAD  
INTERVAL: DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MAY 12, 2018  
HOUR OF INJURY: 12:50 AM  
INJURY AT WORK: NO  
PLACE OF INJURY: CASCADE BEHAVIORAL HEALTH

LOCATION OF INJURY: 12844 MILITARY RD S  
CITY, STATE, ZIP: TUKWILA, WASHINGTON 98168  
COUNTY: KING  
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER  
CITY, STATE, ZIP: BURIE, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]  
CITY, STATE, ZIP: PORT ORCHARD, WA 98367  
INSIDE CITY LIMITS: NO COUNTY: KITSAP  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER/PARENT: LINOEL THOMAS MASON  
MOTHER/PARENT: AMY FLORENCE DAVIES

METHOD OF DISPOSITION: [REDACTED]  
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: PORT ORCHARD, WASHINGTON  
DISPOSITION DATE: MAY 22, 2018

FUNERAL FACILITY: PENDLETON-GILCHRIST FUNERAL HOME, INC.

ADDRESS: 1151 MITCHELL AVENUE  
CITY, STATE, ZIP: PORT ORCHARD, WASHINGTON 98366  
FUNERAL DIRECTOR: MARK RILL

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER  
CITY, STATE, ZIP: SEATTLE, WA 98104  
DATE SIGNED: MAY 15, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: [REDACTED]  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: MAY 22, 2018